

Health in the CRPD and Implications for Older Persons

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Human Rights Standards in CRPD

- Relationship between age and disability – overlapping, intersecting discriminations
- CRPD establishes persons with disabilities as rights-holders and rights-exercisers
- Unique model of support that respects individual autonomy
- CRPD standards need to be upheld in any instrument on rights of older persons

Social Model of Disability

- CRPD adopts a social model of disability – disability per se is not a medical or health issue
 - Long-term health conditions can also be disability
- Neither health needs nor disability justifies involuntary institutionalization or any other restriction in rights or freedoms (Art 14, 19)
 - CRPD makes no exceptions, no “least restrictive alternative,” no “best interest” standard except for children
 - Very little participation by older persons’ organizations in the CRPD negotiations

Health Care Rights Issues

- Right to have desired care and services
 - On an equal basis
 - Specific needs
 - Accessible information, communication, equipment and facilities

Health Care Rights Issues 2

- Right to not be abused in the name of treatment
 - Special Rapporteur on Torture identified medical context as site of particular abuse of persons with disabilities, including institutionalization and forced psychiatric interventions
 - These abuses highly relevant to older persons
 - Older women particularly subjected to high rates of electroshock in psychiatry
 - Psychotropic drugs heavily used on older persons, increasingly those diagnosed with dementia
 - Medical involuntary euthanasia, denial of care

Alternatives to Medical and Social Institutionalization

- Support to live and remain in community, including personal assistance in one's own home (Art 19)
- Supported decision-making that respects the person's autonomy, will and preferences (Art 12)
- Services for general population include PWD/ older persons (Art 19)
- Comprehensive rights including education, work, adequate standard of living, participation in culture/recreation/sport (Art 24, 27, 28, 30)
- Ensuring that health care professionals and other service providers are trained to respect and serve the full population (Art 4.1(g), 8, 25(d))

CRPD Article 25

- Gender-sensitive
- Same range, quality and standard of free or affordable health care and programs, including sexual and reproductive health
- Specific services needed in relation to disability
 - Including for older persons
- Close to communities, including in rural areas
- Free and informed consent
- Prohibit discrimination in health insurance and life insurance
- Prevent discriminatory denial of health care, food and fluids

Implications for Older Persons

- Health is a human right indivisible from and interdependent with other human rights
- Equal human dignity and worth
- Accessibility of facilities, equipment, information, processes (reasonable accommodation)
- Autonomy and choice in relation to health care
- Health care must serve the person's own needs and not be for the wishes or convenience of carers
- Respect family relationships and support chosen and trusted by the individual

Information/Resources

- tminkowitz@earthlink.net
- www.chrusp.org
- www.wnusp.net
- www.internationaldisabilityalliance.org